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4 2006) PTO/SB/21 (09-04			
1 4 2006	116	Approved for use through 07/31/2006. OMB 0651-0031 S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE			
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MARCHAN	Application Number	10/723,879			
TRANSMITTAL	Filing Date	November 26, 2003			
FORM	First Named Inventor	John A. Kolb			
	Art Unit	3753			
(b. and for all annual and an afficial initial	Examiner Name	John K, Ford			
(to be used for all correspondence after initial	4 Attorney Docket Number	PROL100016000			
Total Number of Pages in This Submission					
	ENCLOSURES (Check a	all that apply)			
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53	Drawing(s) Licensing-related Papers ✓ Petition Petition to Convert to a Provisional Application Power of Attorney, Revocal Change of Correspondence Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on G	Status Letter Other Enclosure(s) (please Identify below):			
SIGNA	TURE OF APPLICANT, ATT	TOPNEY OF AGENT			
Firm Name	TORE OF AFFEIGANT, ATT	TOME 1, ON AGENT			
DeLio & Peterson, LLC					
Signature	10.				
Printed name Peter W. Peterson					
Date August 10, 2006		Reg. No. 31,867			
С	ERTIFICATE OF TRANSMIS	SSION/MAILING			
sufficient postage as first class mail in an en the date shown below:	eing facsimile transmitted to the USF velope addressed to: Commissioner	SPTO or deposited with the United States Postal Service with r for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on			
Signature Laker	ra Stra				
Typed or printed name Barbara Browne		Date August 10, 2006			

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Applicant claims small entity status. See 37 CFR 1.27

For FY 2005

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ΤΟΤΔΙ	AMOUNT C	F PAYMENT	(\$)	450 O

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Complete if Known			
Application Number	10/723,879		
Filing Date	November 26, 2003		
First Named Inventor	John A. Kolb		
Examiner Name	John K. Ford		
Art Unit	3753		
Attorney Docket No.	PROL100016000		

METHOD OF PAYMENT (check all that apply)	
Check Credit Card Money Order None	-
Deposit Account Deposit Account Number: 04-0566	
For the above-identified deposit account, the Director is hereby . Charge fee(s) indicated below	Charge fee(s) indicated below, except for the filing fee
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information and authorization on PTO-2038.	Credit any overpayments tion should not be included on this form. Provide credit card
FEE CALCULATION	
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH	FEES EXAMINATION FEES

	FILING	FEES Small Entity	SEARC	H FEES Small Entity		TION FEES	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	<u>Fee (\$)</u>	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
. EXCESS CLAIM FE	ES					- 4	Small Entity

2. EXCESS CLAIM FEES

Fee Description

Each claim	over	20 6	inclu	ding `	Reissues)	١

Each independent claim over 3 (including Reissues)

Multiple dependent claims

- 3 or HP =

wantpic acpendent c	lami		
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
20 or HP =	0 x	25.00=	·
HP = highest number of tota	I claims paid for, if gre	eater than 20.	
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)

100.00

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

Name (Print/Type) Peter W. Peterson

SUBMITTED BY Signature

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Number of each additional 50 or fraction thereof Fee Paid (\$) **Total Sheets** Extra Sheets _ / 50 = (round up to a whole number) x

4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition for Extension of Time - 2 months

Registration No. (Attorney/Agent) 31,867	Telephone 203-787-0595
	Date August 10, 2006

Fee (\$)

50

200

360

Fee (\$)

Fee (\$)

25

100

180 Multiple Dependent Claims

Fee Paid (\$)

Fees Paid (\$)

\$450.00

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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.